 <b>TRANSMITTAL FORM</b>	Attorney Docket No. <b>RPS920010023US1</b> <b>2068P</b>
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In re the application of **Challener et al.**

Confirmation No: 2903

Serial No: **09/892,376**

Group Art Unit: **2134**

Filed: **June 26, 2001**

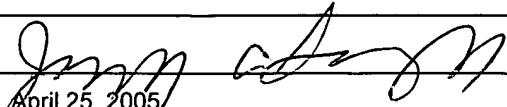
Examiner: **Nalven, Andrew L.**

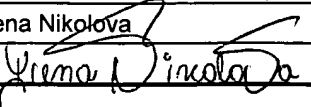
For: **Telephone Network and Method for Utilizing Same**

ENCLOSURES (check all that apply)			
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input checked="" type="checkbox"/>	Response to Restriction Requirement	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one month(s), From April 9, 2005 to May 8, 2005.	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	16	27	0	\$ 50.00	\$ 0.00
Independent Claims	2	4	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. _____ in the amount of \$ <u>120.00</u> is enclosed for payment of extension fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	April 25, 2005

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 25, 2005	
Type or printed name	Irena Nikolova
Signature	

120.00 0P  
 04/27/2005 REKAJ11 00000007 09892376  
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